

Date Received

APR 14 2011

Human Resource Division

SCHEDULE C **Income, Loans, & Business** **Positions** (Other than Gifts and Travel Payments)

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

West Hills College

ADDRESS (Business Address Acceptable)

9800 Cord St

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Coalinga, CA

YOUR BUSINESS POSITION

Professor of Economics

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☒ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☒ Salary ☐ Spouse's or registered domestic partner's income
☐ Loan repayment

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☐ Salary ☐ Spouse's or registered domestic partner's income
☐ Loan repayment

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

2. LOAN RECEIVED

You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

SECURITY FOR LOAN

- ☐ None ☐ Personal residence

☐ Real Property _____
Street address
City

☐ Guarantor _____

☐ Other _____
(Describe)

VerificationPrint Name Tommy OliveriaOffice, Agency or Court CALPERSStatement Type ☐ 2009/2010 Annual ☒ 2010 Annual ☐ Assuming ☐ Leave

I have used all reasonable diligence in preparing this statement. I have reviewed this statement contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the

Date Signed 4/11/2011
(month, day, year)

Signature _____

Date Received

APR 14 2011

Human Resource Division

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.

▶ NAME OF SOURCE
CALPERS

ADDRESS (Business Address Acceptable)
400 Q ST.

CITY AND STATE
SACRAMENTO CA.

BUSINESS ACTIVITY, IF ANY, OF SOURCE
BOARD MEMBER

DATE(S): 01/01/10 - 12/31/10 AMT: \$ 6,453.09
(If applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☒ Income

DESCRIPTION: TRAVEL

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
(If applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION: _____

▶ NAME OF SOURCE
CSAC

ADDRESS (Business Address Acceptable)
1100 K. ST

CITY AND STATE
SACRAMENTO CA.

BUSINESS ACTIVITY, IF ANY, OF SOURCE
BOARD MEMBER - OFFICIAL

DATE(S): 01/01/10 - 12/31/10 AMT: \$ 5,680.58
(If applicable)

TYPE OF PAYMENT: (must check one) ☒ Gift ☒ Income

DESCRIPTION: GIFT - \$420.00
TRAVEL 5260.58

Verification

Print Name TONY OLIVERIA


Office, Agency or Court CALPERS

Statement Type ☒ 2009/2010 Annual ☐ Assuming ☐ Leaving
☒ 2010 Annual ☐ Candidate
(or)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 4/10/2011

Signature 

Comments: _____